

# MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

## Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

### 1. Key Research Contacts:

County: <b>Mendocino</b>	
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### 2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

*Response:* **Mendocino County Mentally Ill Crime Reduction Program (MC-MIOCRP) (Featuring a Mentally Ill Offender Therapeutic Court and "Sentencing Alternative for Mentally Ill Offenders" SA-MIO Treatment Program.)**

### 3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Pre-Post assessment with repeated pre- and post-program comparisons between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Other (Specify)

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

*Response:* N/A

**4. Target Population:**

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

*Response:*

**Target Population, Assessment and Formation of Comparison Groups:** Every mentally ill offender identified during the Demonstration Grant Period, (who has met the criteria listed below) is a potential participant. It is expected that the results of the program will generalize to all similar mentally ill offenders identified after the completion of the demonstration grant.

**Program entrance and eligibility criteria:** Age, residency, mental competence, DSM-IV Axis I illness, history of violence and/or sexual predation, willingness to volunteer, and the concurrence of the District Attorney.

Eligibility for participation in the MIO-TC will depend on meeting these criteria: 1) be 18 years of age or older; 2) be a Mendocino County resident or intend to remain in the county for the length of the MIO-TC probation order; 3) be of sufficient mental competence (as determined by a psychiatrist or the Mental Health Department's Forensic Clinician) to benefit from an intensive outpatient treatment program, and to appreciate the consequences of the legal proceedings and the agreement s/he is making with the court; 4) present a DSM IV, Axis I illness; 5) not be charged with a serious or violent felony pursuant to 667.5 and 1192.7 of the California Penal Code; 6) not be charged with a crime involving sexual predation; 7) possess a serious mental disorder as defined by 5600.3 of the W&I Code; 8) demonstrates that mental illness plays a primary role in the behavior that brought this person to the attention of the criminal justice system; 9) demonstrate a willingness to receive help, and has been judged to be amenable to outpatient treatment, and, 10) with the concurrence of the District Attorney.

**5. Enhanced Treatment Group:**

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

*Response:*

**Enhanced Treatment Group:** Every mentally ill offender identified during the Demonstration Grant Period is a potential participant in the enhanced treatment group. A trained Booking Officer will evaluate each of these offenders initially, in the jail. If the individual is deemed appropriate for the program, and volunteers, s/he will receive a thorough evaluation conducted by a psychiatrist or the Mental Health Department's Forensic Clinician, and a Substance Abuse Therapist from AODP. These assessments will be completed within 24 hours after the referral to the Mental Health Department.

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

*Response:*

**When a mentally ill offender has met the eligibility criteria and volunteered to participate in the MIO-TC Program, his/her characteristics and history will be used to select a match from the pool of mentally ill offenders that are eligible but unwilling to volunteer and those who are ineligible for participation. These individuals will be matched as closely as possible using gender, age, education level, ethnicity, mental health history, DSM -IV classification, and their prior criminal behavior as criteria.**

Hence, equal numbers will be identified for each of the three groups with the total in each group determined by the number who participate in the MIO-TC. (Given the capacity of the proposed program, we anticipate that at least 15 individuals will enter the MIO-TC each year of the grant period. Based on the past records of the total size of the population of mentally ill offenders in the county, we are confident that the *three matched groups* described in this section can be formed. Therefore, *the total target population will be made up of at least 135 individuals (i.e., at least 45 people in each group). Of these, 45 will be in the treatment group (the MIO-TC participants) and 90 will serve in the comparison groups.)*

**6. Treatment-as-Usual (Comparison) Group:**

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

*Response:* Please see above.

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

*Response:* This has been described above.

**7. Historical Comparison Group Designs (only):**

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

*Response:* N/A

**8. Sample Size:**

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program but are not yet part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Groups
First Year	≥15	≥ 30 (15 from <u>eligible but unwilling to volunteer group</u> & 15 from <u>ineligible for participation group</u> )
Second Year	≥ 15	≥ 30 (Same as above)
Third Year	≥ 15	≥ 30 (Same as above)
Total		
Unit of Analysis (Check one)		
<input checked="" type="checkbox"/>	Individual Offender	
<input type="checkbox"/>	Geographic Area	
<input type="checkbox"/>	Other:	

## 9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

*Response:* "Proposed interventions that will be provided to the "alternative treatment" (enhanced treatment) group are: Under the supervision of the MIO-TC: 1) individual case management & long term intensive care: i.e., clients assigned to a Clinical Services Team (CST), lead by a DPO III; client ratio 1:15 to 1:20; participate in the development of an Individual Case Management Plan (ICMP); required to progress through the five phase "Sentencing Alternative for Mentally Ill Offenders" Treatment Program; 2) court: accompanied by DPO III and other CST members to all MIO-TC appearances; appears before same Judge as often as needed; 3) housing and rental assistance: vouchers supplied; 4) skill training: referrals to Job Alliance, Mendocino Private Industry Counsel and other vocational training organizations, also under supervision of DPO III and Family Assistance Representative; 5) monitoring and crisis intervention: as often as needed, with 24 hour access to CST and "Wrap Around Service" provider, intensive medication monitoring; 6) peer mentoring: may be assigned as a mentor or may be assigned to a community volunteer mentor. " Measurement of progress and monitoring of compliance with the ICMP will be continuous and will be performed by the members of the Clinical Services Team.

### *Data Elements, Sources and Timelines.*

<u>Data Elements:</u>	<u>Collection Dates:</u>	<u>Data Source:</u>
Number of arrests	Intake; 3, 12, 18 & 24 months (i.e., 6 months post graduation).	CLETS, Court JALAN System, District Attorney's Office, Booking & Jail Records
Number of convictions	Same as above.	Same as above.
Count of Jail Days	Same as above.	Same as above.
Count of Involuntary Hospitalizations	Same as above.	Mental Health Records
BASIS-32 Scores	Intake, 3, 12, & 18 months	Mental Health Records
GAF Scores	Same as above.	Mental Health Records
CAQOL Scores	Same as above.	ICMT & Mental Health Records
ASI Sub-scale Scores	Same as above.	ICMT & AODP Records.

### *The Agencies and Their Roles in the MC-MIOCRP.*

<u>Agency:</u>	<u>Role in the MC-MIOCRP:</u>
Mendocino County Sheriff's Office	Oversight and management of grant; Classification Supervisor from the Jail participates in the development of the ICMP; serves on the MIO-TC Operations Team
Mendocino County Superior Court	To provide critical judicial structure and personnel: MIO-TC Judge and Therapeutic Courts Administrator.
Mendocino County Mental Health Department	To provide assessment, diagnosis and treatment; leads in the development of the ICMP; Licensed Mental Health Forensic Clinician & Psychiatrist are key members of the IAT & CST.
Mendocino County Public Health Department, Division of Alcohol and Other Drug Programs	To provide assessment, diagnosis and treatment of the dually diagnosed mentally ill offender; assists with the development of the ICMP; Substance Abuse Counselor is a key member of both the IAT & CST.
Mendocino County Probation Department	To assist in the development of the ICMP; to provide day-to-day

	supervision of MIO-TC clients including monitoring of status, treatment and medication schedule; to accompany MIO-TC clients to court appearances, treatment appointments and other appointments as needed.
California Forensic Medical Group (CFMG)	To provide assistance in jail with stabilization and assessment of mentally ill offenders; Mental Health Nurse will assist with the development of the ICMP and serve as a key member of the IAT.
Mendocino County Department of Social Services	Will provide assistance with housing, training, and job placement for eligible mentally ill offenders; a Family Assistance Representative (FAR) will also participate in both the IAT and CST and assist with the development of the ICMP.

#### 10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

**Response:** The "Treatment-as-Usual Group Interventions" are/will be: 1) no individual case management (part of a typical DPO I or DPO II case load of 1:100); 2) MIO will follow regular court process; 3) no housing &/or rental assistance vouchers supplied; 4) little to no assistance obtaining vocational employment and vocational skill training; 5) monitoring and crisis intervention typically infrequent & during business hours only; 6) no peer mentoring opportunities.

#### 11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variable (the treatment program)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variables	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
Exposure to the treatment program.	Exposure to the treatment program will <u>significantly decrease</u> : 1) the number of arrests; 2) number of convictions; 3) count of jail days; 4) count of involuntary hospitalizations; and <u>significantly improve</u> : 5) BASIS-32 Scores; 6) GAF Scores; 7) CAQCL; and, 8) ASI Sub-scale scores.	1) number of arrests (CLETS, Court JALAN System, District Attorney's Office, Booking and Jail Records); 2) number of convictions (same as aforementioned sources); 3) count of jail days (same as aforementioned sources); 4) count of involuntary hospitalizations (Mental Health Dept. Records); 5) BASIS-32 Scores (Mental Health Dept. Records); 6) GAF Scores (Mental Health Dept. Databases); 7) CAQCL (Mental Health Dept. Databases); 8) ASI Sub-scale scores (Public Health Dept., Div. Of Alcohol and Other Drug Programs - AODP Records); 9) program start date (MIO-TC Records); 10) dates of treatment phase advancement (MIO-TC Records); 11) program graduation (MIO-TC Records); 12) dismissal or dropout date (MIO-TC Records); 13) job placement - where, when, and doing what (Dept. of Social Services and MIO-TC Records); 14) housing transition dates (MIO-TC and Dept of Social Services).	Direct counts and assessed scores.	Please see in table below.

**12. Statistical Analyses:**

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. <i>MIO-TC participants and comparison group members will differ significantly in the numbers of arrests, convictions, and days spent in jail during the treatment period and during the six month period following graduation.</i>	<i>The overall effects will be tested by comparing the treated group with two comparison groups in a separate analysis of variance for each outcome variable. To test for the effectiveness of the MIO-TC Program, the two <u>eligible for treatment groups</u> will be compared. To test for systematic biases that may be associated with meeting the eligibility criteria, the <u>eligible non-participants</u> and the <u>ineligible non-participants</u> will be compared.</i>
2. <i>The number of involuntary hospitalizations will be significantly less for MIO-TC participants than those of either of the comparison groups.</i>	
3. <i>Relative to the comparison groups, the MIO-TC participants will show significant improvement in psychological functioning as measured by changes in GAF &amp; BASIS-32 scores collected at intake and across 3, 12 and 18 months of the treatment period.</i>	
4. <i>Relative to the comparison groups, the MIO-TC participants will report a significantly higher level of perceived quality of life as assessed by changes in their California Quality of Life (CAQOL) scores, &amp; their ASI drug and alcohol subscale scores at intake and across 3, 12 and 18 months of the treatment program.</i>	

**13. Cost/Benefit Analysis:**

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

**Response:** This analysis will be patterned after the cost/benefit analysis that was used to evaluate this aspect of the Mendocino County Adult Drug Court. It will focus on a comparison of the criminal justice costs and treatment-system costs for the three matched groups with the prediction that the costs for the MIO-TC participants will be significantly lower than those recorded for either of the comparison groups. It will be performed by recording the actual time spent and materials expended by each team member with each participant during the course of the program.

**14. Process Evaluation:**

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

**Response:** Initially, process evaluation data will be collected quarterly from all MIO-TC participants, Intake Assessment and Clinical Services Team members. These data will provide feedback needed for the successful development/refinement of the program. After the program has stabilized, these data will be collected on a biannual basis. All process evaluation data will be collected in structured interviews by the aforementioned research manager/evaluator and trained staff. Reporting/documenting of the results will also be conducted by said individual.

The process evaluation data will consist of assessing the following ratings of: 1) difficulty of information exchange; 2) subversive behavior between agencies and members of each team; 3) level of satisfaction with interactions between team members; 4) delivery of program as designed; 5) administration of program as planned; 6) client satisfaction with the program and treatment team members; 7) client self-perceptions of progress (e.g., symptom reduction, lapse/relapse reduction, skill enhancement); 8) overall program strengths and weaknesses; 9) areas of program in need of refinement. These ratings fall into one of three categories of measures, which are: 1) *Measures of Interagency Cooperation*; 2) *Measures of Program Delivery Variability*; 3) *Measures of Client Satisfaction and Progress*.

**15. Program Completion:**

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

*Response: Indicators of program completion/success will be: 1) participant has ceased using non-prescribed, illegal, psychotropic substances; 2) participant has means to address basic life needs (food, clothing, & shelter); 3) accomplished symptom recognition & has plan for dealing with lapses/relapses; 4) prescribed medications are considered effective by both the participant and the treatment provider; 5) participant has addressed vocational/educational options and is making best possible use of available resources; 6) resolved all outstanding matters before court; 7) the ICMP goals have been achieved and sustained for the last six months of the 24 month program; 8) pro-social behaviors have been sustained for the last six months of the 24 month program; 9) no new arrests for the last six months of the program; 10) terms & conditions of probation have been met; 11) approval of a written "graduation packet" submitted by participant.*

**16. Participant Losses:**

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

*Response:*

Program Termination Criteria are: 1) request from the client; 2) refusal to participate in his/her ICMP; 3) repeated willful violations of the program; 4) commission of a serious new crime; 5) s/he has achieved maximum benefit from the available services.

Tracking of Outcome Measures: selected outcome measures will be tracked for each participant for at least three years after completion or termination of the program.